

ISSUE SLIP SAMPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		09/10/10
O.J.P.E. CLASSIFIER			9/10
FORMALTY REVIEW	<i>[Signature]</i>	32 111	10-10-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ ----- Rejected
- ----- Allowed
- (Through numerals) ----- Canceled
- + ----- Restricted
- N ----- Non-started
- I ----- Interference
- A ----- Appeal
- O ----- Objected

Claim	Date	Claim	Date	Claim	Date
1	9/10/10	51		101	
2	9/10/10	52		102	
3	9/10/10	53		103	
4	9/10/10	54		104	
5	9/10/10	55		105	
6	9/10/10	56		106	
7	9/10/10	57		107	
8	9/10/10	58		108	
9	9/10/10	59		109	
10	9/10/10	60		110	
11	9/10/10	61		111	
12	9/10/10	62		112	
13	9/10/10	63		113	
14	9/10/10	64		114	
15	9/10/10	65		115	
16	9/10/10	66		116	
17	9/10/10	67		117	
18	9/10/10	68		118	
19	9/10/10	69		119	
20	9/10/10	70		120	
21	9/10/10	71		121	
22	9/10/10	72		122	
23	9/10/10	73		123	
24	9/10/10	74		124	
25	9/10/10	75		125	
26	9/10/10	76		126	
27	9/10/10	77		127	
28	9/10/10	78		128	
29	9/10/10	79		129	
30	9/10/10	80		130	
31	9/10/10	81		131	
32	9/10/10	82		132	
33	9/10/10	83		133	
34	9/10/10	84		134	
35	9/10/10	85		135	
36	9/10/10	86		136	
37	9/10/10	87		137	
38	9/10/10	88		138	
39	9/10/10	89		139	
40	9/10/10	90		140	
41	9/10/10	91		141	
42	9/10/10	92		142	
43	9/10/10	93		143	
44	9/10/10	94		144	
45	9/10/10	95		145	
46	9/10/10	96		146	
47	9/10/10	97		147	
48	9/10/10	98		148	
49	9/10/10	99		149	
50	9/10/10	100		150	

If more than 150 claims or 10 sections  
 staple additional sheet here

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